

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

140
State File No. _____
Registered No. 183

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. 5th & Bailey St. 5th & Bailey
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Evelyn Clara Childress { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Aug 9 1930
Month Day Year

8. FATHER
Full name Warren David Childress

9. Residence (Usual place of abode) 5th & Bailey
If non-resident, give place and state. Globe, Ariz

10. Color or race White 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Texas
(State or country)

13. Occupation Truck-driver
Nature of industry

14. MOTHER
Full maiden name Mattie Slater

15. Residence (Usual place of abode) Cor 5th & Bailey
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) New Mexico
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at Home on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Dr. C. J. Gentry
(Physician or Midwife)

Given name added from a supplemental report _____ Address Globe
Month, day, year _____ Filed 9/8 1930 E. E. Wright Registrar

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